BY ORDER OF THE CHIEF,
NATIONAL GUARD BUREAU

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Health Services

ANNUAL TRAINING, PLANNING REQUIREMENTS, AND PROCEDURES FOR ANG AEROMEDICAL EVACUATION UNITS

This instruction establishes the directive requirements for annual aeromedical evacuation (AE) training and planning. Use this instruction with AFPD 41-1, *Health Care Programs and Resources*; AFI 41-106, *Medical Readiness Planning and Training;* AFPD 41-3, *Worldwide Aeromedical Evacuation;* MCI 10-202, *Aeromedical Evacuation Training and Education*; ANGR 50-05, *ANG Deployments and Exercise Policy and Procedures,* and ANGI 40-101, *Annual Training and Planning Requirements and Procedures.* This instruction applies to all Air National Guard (ANG) AE units.

1.1. References and Acronyms. See attachment 1.

1.2. Functional Area Responsibilities. This instruction establishes the procedures to be followed for ANG AE units and personnel in the performance of their annual training. AE unit commanders have primary responsibility for ensuring that each unit member is trained to satisfy individual, Unit Type Code (UTC), and unit medical readiness requirements. The following are meant as guidelines. Unit members have diverse levels of formal training and experience which must be considered when developing an annual training plan. Final authority for determining what annual training is required to ensure successful execution of the wartime mission is divested to the unit commander. The goal is to train in peacetime as we fight in wartime.

2.1. Annual Training Requirements:

2.1.1. UTC Training. Each individual should receive a minimum of five days training annually tailored specifically to the UTC against which they are assigned. Preferably, this would be some type of a training exercise that incorporates deployment, employment, and redeployment activities. Didactics are permissible on an infrequent basis, but do not truly meet the challenge of providing quality readiness training. It must be remembered that exercises provided to personnel are dwindling. It is in the best interest of each unit to develop new initiatives. Examples of opportunities include:

2.1.1.1. Attendance at Aeromedical Evacuation Contingency Operation Training (AECOT).

2.1.1.2. Unit exercises.

2.1.1.3. Combined unit exercises (ideally being joint and utilizing intra and intertheater assets).

2.1.1.4. Total Force exercises.

2.1.1.5. Command Post Exercises (CPXs).

2.1.1.6. Partnerships developed with local ANG MDS and Army/Navy/Marine (active, reserve, or guard), medical units for exercises. This includes participation at the Joint Readiness Training Center (JRTC), Ft Polk, LA.

2.1.1.7. Multiple Qualification/Certification is also permissible for annual training if approved through the proper chain of command.

2.1.1.8. Operational Readiness Exercise (ORE)/Operational Readiness Inspection (ORI) preparation and execution.

2.1.1.9. Training Partnership with the 23rd AES, Pope AFB, NC; 86th AES, Ramstein AB, GE; 374th AES, Yokota AB, JA; or 375th AES, Scott AFB, IL.

2.1.2. AFSC Training:

2.1.2.1. 46FX (Flight Nurse) & X4N0X1 (Aeromedical Evacuation Technician). These personnel should annually receive a minimum of five days training tailored to advancing clinical/patient care skills. This training is not limited to training in a medical treatment facility. Training should ensure an increase in wartime medical skills. Aeromedical Evacuation of the shock trauma patient will require a high level of critical care expertise. Suggest training focus on the needs of critically ill patients. Examples include but are not limited to:

2.1.2.1.1. Emergency Medical Technician (EMT), EMT Refresher, Paramedic, Advance Cardiac Life Support (ACLS), Trauma Nurse Core Course (TNCC), Pre-Hospital Trauma Life Support (PHTLS), Basic Trauma Life Support, and CPR.

2.1.2.1.2. Operational Missions to include Inflight Patient Care Experience (IPCE) (C-9/C-141) Training.

2.1.2.1.3. Training geared to meet WARMED requirements. This training ideally should be

OPR: ANG/SGXA (SMSgt W. Hamilton)

Certified by: NGB/CF (Col J. M. Bryan)
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presented in a manner that offers Continuing Education Units for both nurses and EMTs.
2.1.2.1.4. Civilian Flight Nurse Certification.
2.1.2.1.5. Battlefield Nursing.
2.1.2.1.6. Army Combat Medic Training, to include C4 training and Expert Field Medic Course.
2.1.2.2. 3C1X1 (Communications), 2E1X3 (Radio Maintenance), 2A6X2 (AGE). The primary training goal should be maintaining proficiency in all aspects of high frequency (HF) radio and aerospace ground equipment operations and maintenance. The unique AE mission places additional requirements on communications and ground equipment personnel that tend to be outside the scope of typical "blue suit" operations. Examples of this unique mission are: ANG AE radio operators must understand AE operations, must know how to accomplish the mission in an intra and intertheater environment, interface with sister services, and work within the international community. Maintenance personnel will not have the normal lines of supply and levels of support at forward operating locations. Examples of training opportunities are:
2.1.2.2.1. Visits by radio and aerospace ground equipment maintenance personnel to other AE units during scheduled Preventive Maintenance Inspection (PMI) cycles.
2.1.2.2.2. Attendance at Army HF courses.
2.1.2.2.3. Development of training partnerships with the 23rd AES, Pope AFB, NC.
2.1.2.3. 41AX (Health Services Administration) and 4A0X1 (Health Services Management). In addition to the following potential training opportunities, AFH 41-311, Aeromedical Evacuation Operations Officer (AEOO) training standards, will identify continuing education/training programs.
2.1.2.3.1. Training with the AE Detachments/Aeromedical Staging Squadrons (ASTSs) (Dates are published annually).
2.1.2.3.2. Training at the Air Mobility Warfare Center, McGuire AFB, NJ.
2.1.2.3.3. Contingency Wartime Planning Course, Maxwell AFB, AL.
2.1.2.3.4. Training at Air National Guard Readiness Center (ANGRC), Andrews AFB, MD; HQ Air Mobility Command (AMC), Scott AFB, IL; HQ Air Combat Command (ACC), Langley AFB, VA; Global Patient Movement Requirements Center (GPMRC), Scott AFB, IL; and Tanker Airlift Control Center (TACC)/XOOMM, Scott AFB, IL. Exact office would be determined by the training request.
2.1.2.4. 4A1X1 (Medical Materiel). While a sound understanding of WRM projects and local unit support functions are necessary for this AFSC, it must be understood that the training should be geared towards setting up and maintaining a support system for the AE system when it is deployed. Examples are:
2.1.2.4.1. Training with 23rd AES.
2.1.2.4.2. Training with Army medical supply.
2.1.2.4.3. Training at ANGRC.
2.1.2.4.4. Training at USAF School of Aerospace Medicine (USAFSAM)/AN.

3.1. Overseas Annual Training (OSAT). Presently there is not a standardized OSAT program for AE units due to their mission and personnel make-up. Opportunities do exist to participate in both joint and combined training sessions. Planning must start about two years out and the unit must be dedicated to doing the research, planning, budgeting, and actual execution. Prior to starting planning, the unit needs a request to participate from the supporting MAJCOM and approval from ANG/SG/CC. Assistance or information on these opportunities can be received through ANG/SGXA.

4.1. Annual Training Plans. Due to the diversity of the different types of annual training tours of the ANG AE units there is not a mandatory format for annual training plans. At a minimum, your Annual Training Plan must include training goals, objectives, logistics and planning factors. Example formats are contained in ANGI 40-101, attachments 1 & 2. It should be noted that for exercises, a concept of operations (CONOPS) and/or operational order (OPORD) will be needed.

5.1. After-Action Reporting. After-action reports are required upon completion of any type tour within 30 days of tour completion. These are to be submitted to ANG/SGXA. Report will include overview of training received. Specific recommendations will be in the Joint Universal Lessons Learned System (JULLS) format as follows (Example in attachment 2):
5.1.1. Operation
5.1.2. Title
5.1.3. Observation
5.1.4. Discussion
5.1.5. Lesson Learned
5.1.6. Recommended Action
5.1.7. Point of Contact

6.1. **Miscellaneous:**
6.1.1. All AE units conducting UTC training during UTA or during annual training should coordinate with ANG/SGXA if unit shortfalls are identified and help from units outside the ANG is desired. In addition, National Disaster Medical System (NDMS) and other training opportunities utilizing civilian resources should be incorporated into unit training when available; however, these should be coordinated with ANG/SGXA prior to any obligations being made.
6.1.2. Any additional annual training days could be utilized for block training, enhanced skill training, ORI preparation, Standardization/ Evaluation Visit preparation, Quality Air Force Assessment (QAFA) preparation, equipment orientation, cross-UTC training, sustainment training, skills verification /recertification, etc.

DONALD W. SHEPPERD
Major General, USAF
Director, Air National Guard

OFFICIAL

DEBORAH GILMORE
Chief
Administrative Services

2 Attachments
1. References and Acronyms
2. Sample After Actions Format for Specific Recommendations

ATTACHMENT 1
REFERENCES AND ACRONYMS

References:

AFPD 41-1	*Health Care Programs and Resources*
AFI 41-106	*Medical Readiness Planning and Training*
AFPD 41-3	*Worldwide Aeromedical Evacuation*
MCI 10-202	*Aeromedical Evacuation Training and Education*
ANGR 50-05	*ANG Deployments and Exercise Policy and Procedures*
ANGI 40-101	*Annual Training and Planning Requirements and Procedures*

Acronyms:

ACC	Air Combat Command
ACLS	Advance Cardiac Life Support
AE	Aeromedical Evacuation
AECOT	Aeromedical Evacuation Contingency Operation Training
AELT	Aeromedical Evacuation Liaison Team
AES	Aeromedical Evacuation Squadron
AFI	Air Force Instruction
AFPD	Air Force Policy Directive
AFSC	Air Force Specialty Code
AMC	Air Mobility Command
ANG	Air National Guard
ANGI	Air National Guard Instruction
ANGR	Air National Guard Regulation
ANGRC	Air National Guard Readiness Center
ASEV	Aircrew Standardization Evaluation Visit
ASTS	Aeromedical Staging Squadron
CONOPS	Concept of Operations
CPX	Command Post Exercises
EMT	Emergency Medical Technician
FCIF	Flight Crew Information File
TACC	Tanker Airlift Control Center
TNCC	Trauma Nurse Core Course
IPCE	Inflight Patient Care Experience
JRTC	Joint Readiness Trainiing Center
JULLS	Joint Universal Lessons Learned System
MAJCOM	Major Command
MASF	Mobile Aeromedical Staging Facility
MDS	Medical Squadron
OPORD	Operational Order
ORE	Organizational Readiness Evaluation
ORI	Organizational Readiness Inspection
OSAT	Overseas Annual Training
PHTLS	Pre-Hospital Trauma Life Support
PMI	Preventive Maintenance Inspection
QAFA	Quality Air Force Assessment
UTC	Unit Type Code
USAFSAM	USAF School of Aerospace Medicine
WRM	War Readiness Materiel

ATTACHMENT 2

SAMPLE AFTER-ACTIONS FORMAT
FOR SPECIFIC RECOMMENDATIONS

OPERATION: SENTRY PATRIOT

TITLE: Lack of Computers for Deployed AE Elements

OBSERVATION: No computers were available to be utilized by the MASF and AELT during the exercise.

DISCUSSION: Four aircrews were deployed with the MASF requiring mission support. Without the availability of computers, the task of accomplishing flight crew orders, FCIF requirements and mission essential paperwork was made difficult. Standard operating procedures, emergency response plan, AELT logistical/contingency outline, equipment lists, memorandums, etc, were accomplished by manually writing them. This used many valuable man-hours that could have been better utilized elsewhere.

LESSONS LEARNED: The MASF and AELT require notebook computers.

RECOMMENDED ACTION: Authorize and fund computers for AE elements. Ensure that computers are suitable for deployment to field locations.

POINT OF CONTACT: SMSgt Write, 177 AES